

116000 117926

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

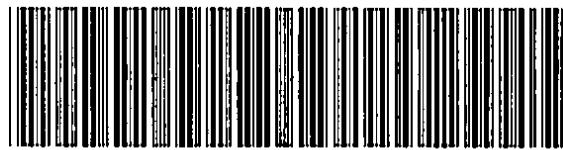
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Q. SILAS  
DEC 10 2021

Office Use Only



100377034191

11/24/21--01013--004 \*\*\*25.00

SEARCHED  
INDEXED  
SERIALIZED  
FILED  
NOV 24 2021

2021 NOV 24 PM 3:50

FILED  
2021 NOV 24 PM 3:50

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** COASTAL FLORIDA HOMES LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAURYN CHARLES

Name of Person

ACCOUNTABLE FINANCIAL SERVICES GROUP INC

**Firm/Company**

660 E HILLSBORO BLVD SUITE 105

---

**Address**

DEERFIELD BEACH, FL 33441

**City/State and Zip Code**

LCHARLES@AESGCONSULTING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURYN CHARLES

954 933-1558

Name of Person

卷之三

Review Article

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &  
Certificate of Status

\$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$60.00 Filing Fee,  
 Certificate of Status &  
 Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

REGISTRATION SECTION  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

STREET/COURIER ADDR  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION **FILED**  
OF

2021 NOV 24 PM 3:50

COASTAL FLORIDA HOMES LLC

(Name of the Limited Liability Company as it now appears on our records) **COASTAL FLORIDA HOMES LLC**  
(A Florida Limited Liability Company) **(ALL CAPS)**

The Articles of Organization for this Limited Liability Company were filed on 06-20-2016 and assigned Florida document number 116000117926.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 11084 BLUE CORAL DRIV.  
*(Principal office address MUST BE A STREET ADDRESS)* BOCA RATON, FL 33498

Enter new mailing address, if applicable: 11084 BLUE CORAL DRIV.  
*(Mailing address MAY BE A POST OFFICE BOX)* BOCA RATON, FL 33498

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_ *Enter Florida street address*

\_\_\_\_\_ *City* \_\_\_\_\_ *Florida* \_\_\_\_\_ *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SLAN P PACTH	4121 NE 25TH AVE	<input checked="" type="checkbox"/> Add
		LIGHTHOUSE POINT, FL 33064	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated NOVEMBER 3 2021

Signature of a member or authorized representative of a member

JARRETT BOETTCHER

Typed or printed name of signee

Filing Fee: \$25.00